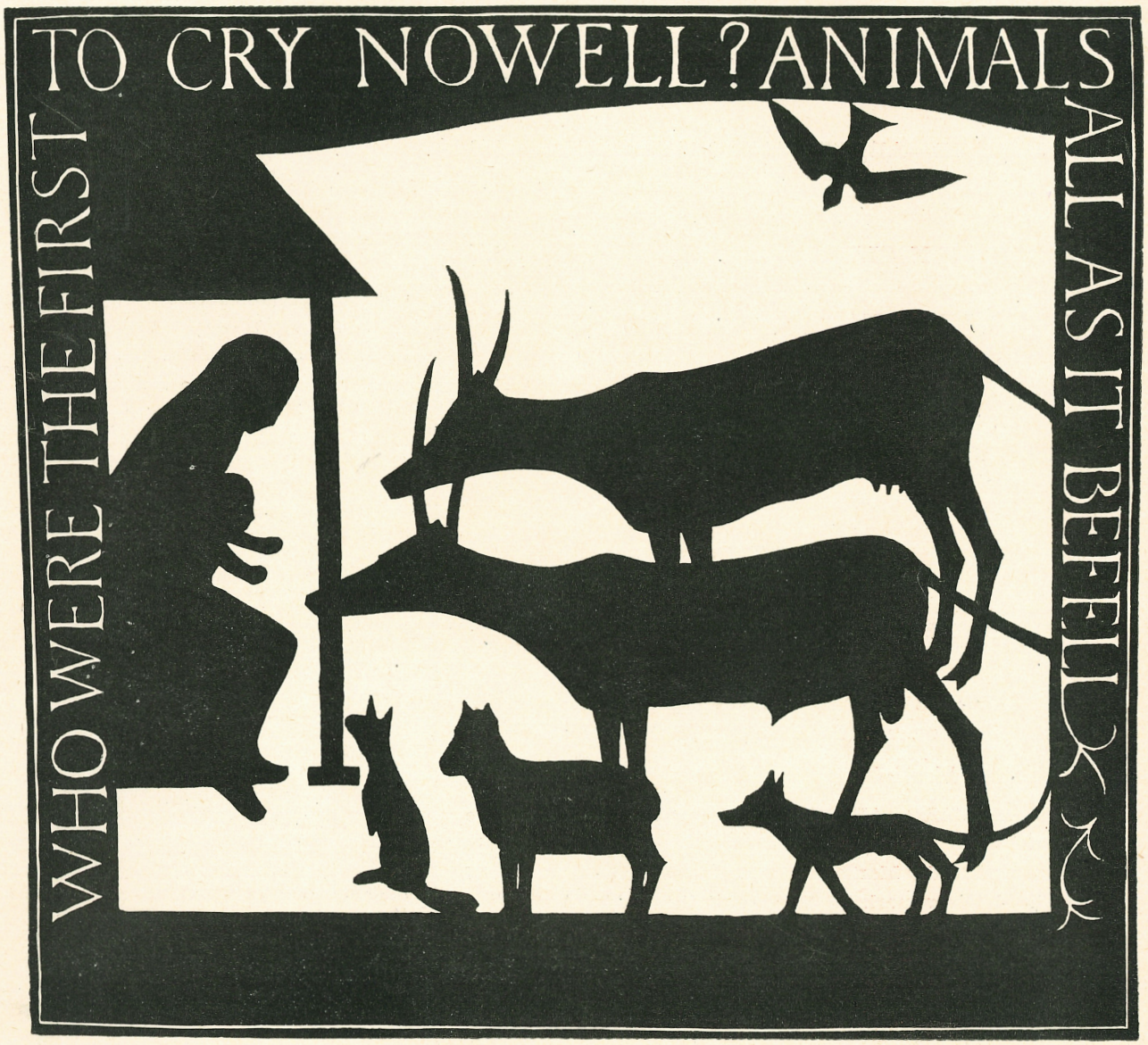
THE MEDICAL MISSIONARY



Eric Gill

ANIMALS ALL

Vol. XVIII DECEMBER, 1944 No. 10

IN THIS ISSUE:

Page

"NOT IN HIS MOTHER'S HOUSE".....147

GLOBAL OR CATHOLIC?.....148
By Sister M. Francis, S.C.M.M.

HOLY INNOCENTS 151
By Sister M. Elise Wijnen, S.C.M.M., M.D.

HILDEGARD—ABBESS AND PHYSICIAN.....153
By Marie Terese Kerwin

THE MISSION CLIPPER.....155

IN OUR LIBRARY.....156

NEWS FROM HOME AND ABROAD.....157

CHRISTMAS BLESSINGS.....Back Cover

ACROSS THE PAGES . . .

"HEALTH IS GLOBAL"—day by day this fact is becoming more and more obvious. Sister M. Francis raises the question: "What can we do for global health in a **Catholic** way?"

"HILDEGARD—ABBESS AND PHYSICIAN—Benedictine nun of the twelfth century, was a forerunner of a new age in the medical field. Marie Terese Kerwin has given us a brief sketch of this remarkable woman of the Middle Ages.

"IT HAPPENS REGULARLY, so much so that you begin to look for it when it hasn't occurred for a whole week." What happens? A baby is brought to the hospital with the dreaded "jam a ki taklif"—tetanus. Sister M. Elise Wijnen, M.D. explains why this disease takes such a high toll of infant lives in India.

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OUR CHRISTMAS COVER is a reproduction of Eric Gill's "Animals All." It is reprinted from his AUTOBIOGRAPHY by special permission of the Devin-Adair Company, publishers.

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Editor

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The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of studies in Brookland, Washington, D. C., and Houses of Postulate in England and Holland.

At present the Society labors in India, where the Sisters conduct Hospitals, dispensaries, maternity, and child welfare centers, training schools for native nurses and midwives, and similar health activities. It is the purpose of the Society to send Medical Missionaries to any mission field of the world. The Society has many requests; it needs many vocations.

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"Not In His Mother's House"

"He was born," says Saint Gregory in the Christmas Matins, "not in His Mother's house, but away from home."

Christ was born **away from home.** This thought is a disquieting one. No matter how piously we may try to meditate on the Bethlehem scene, on the love, peace and joy of the first Christmas night, the thought "away from home" is always there, ready to creep in and ruffle our comfortable reflections. All the rest-poverty, weakness, humility—somehow, all the rest we comprehend. But why he had to go so far; why the Holy Family had to feel the curious stares and hear the indifferent and even harsh refusals of strangers; why His birthplace had to be, not an ordinary home, not even a very poor home, but no home at all, just a hillside cave, an animals' shelter; why there had to be, besides all the rest, this other note of loneliness, of homelessness, that is hard to understand. Yes, it is hard to understand, until we recall **why** He did it—and then we remember, then we know, that to love, boundlessly, can indeed be very, very hard.

This year, all over the world, millions of people will again spend Christmas away from home. For some this loneliness of Christmas in an alien land will come in the line of duty, in the patriotic service of their country; others, exiled through war, victims of unreasoning hatred, will suffer homelessness as did before them the Herod-hunted Christ. And there will be others still, self-exiled men and women, who have left house and lands for His Name's sake, that all men may know the fullness of His Truth and Love. Even those who are left, can we not say of them that in a sense they also feel this homelessness? For in the measure in which they love they share the anxieties of those who are separated from them. And all these, consciously or unconsciously, will have drawn closer to the Crib this Christmas day, will have gained through their loneliness, a new fellowship with the Infant Christ.

But there is another kind of homelessness, more tragic, more bitter, the homelessness of two-thirds of the human race, who are not yet visibly united to the Body of Christ, the Church. One and a half billion souls—truly away from home!

Five times, this Christmas day, as on every day of the year, the Moslem world will turn in reverence, not to Bethlehem, the birthplace of the Son of God, but to Mecca, the home of the Prophet. Bells will ring in Indian temples; there will be a burning of incense, a strewing of flowers, and Hindu worshippers will prostrate themselves in **puja,** not in adoration of Love Incarnate, but before the smirking immobility of an image carved in stone. Instead of trust and confidence in a God so loving that He became a Little Brother for our sakes, fear will freeze some human hearts, the fear of peoples whose earth is still haunted, who hear a threat in every clap of thunder, who see a god poised to crush in every mountain or crouched to spring from every tree.

Even in the midst of those who have had the chance to know better (and who among us will dare to plead excuse!) there will be that distortion of Christmas, the lost Christmas, that frenzied time of avid buying and selling; that hectic time when turkies and Virginia hams are just a bit more plentiful, when crowds are thicker, lighting systems brighter, and everyone's so very, very tired; when human beings try to reach one another with all kinds of pitiful little gestures of gift making, refusing perhaps in their inmost hearts the only gift that really counts—their love.

There is this whole world of people who must find their way home—to Christ—those who have never known Him, those who have known but have lost their way, a whole people, ourselves included, to come to the Infant King.

Christ—born not in His Mother's house, but away from home—has shown us the way, has shown us that boundless love which made Him choose even the loneliness of the cold cave of Bethlehem, across the threshold of which mankind must find its way back to the home of the Father.

Global or Catholic?

by

SISTER M. FRANCIS, S.C.M.M.

Our health interests have widened in scope, becoming truly international. Here is a challenge to work for global health in a Catholic way.

"Health is Global".* The statement is obvious enough, if we only take it to mean that health is desired by all people the world over. The implication is, however, that wherever on the globe health is lacking, we should bring it, and it has taken a global war and high speed airplanes to bring this latter point to public notice.

In the United States, where most of the population have the blessings of good sanitation and safe drinking water, and where there is efficient control of contagious diseases, the state of health of the people in other parts of the world has been largely a matter of unconcern. So long as our own community has been able to keep reasonably healthy we have been satisfied. We have contributed funds to help eradicate tuberculosis, to fight infantile paralysis, to wipe out malaria within our own borders, but to the facts that our brothers in Africa die of yellow fever, that malaria kills scores in India and China, we have often replied by our actions if not by our words, "Am I my brother's keeper?" Snug and safe between the two oceans, our health concepts have been very national.

What has caused our sudden concern about global health? Depending upon which corner of the globe we are dealing with, our reasons vary. Roughly we can classify our present international health interests into two large groups. One is an interest in the so-called tropical diseases and their relationship to our own health; the other is an interest in those diseases whose increased incidence is primarily the result of the present world wide conflict.

In years past, only three classes of people in the United States studied tropical diseases: (1) medical missionaries, (2) Army and Navy doctors, because they were responsible for the health of men stationed in the tropics, (3) Public Health officials, because it was their duty to guard our frontiers.

To the rest of us, tropical diseases were vague things, peculiar names and possibly, horrible pictures sometimes found in missionary magazines. What have we to do with such diseases as malaria, filariasis, typhus fever, leprosy, dengue fever and yaws, to mention the most common? Why are tropical diseases in the limelight? Why are our medical schools so interested in parasitology? The present war and the airplane have caused the change.

SPREAD OF TROPICAL DISEASES IN MODERATE CLIMATES

Today, the United States is fighting a war in the tropics. We have men in Africa, India, Burma, the Solomons and other islands of the South Pacific, in the Philippines and China. Some of them will inevitably become infected and, returning home, will carry tropical diseases with them. That a focus of infection may be started in this country is well within the realm of possibility. For, although these diseases occur chiefly in warm countries, most of them can and do exist in temperate climates. Their presence in the tropics is due not to the higher temperature but rather to the bad methods of sanitation, the undernourishment of the people and the lack of control of the insect vectors in those areas. All that is needed to start the disease is an infected individual together with a suitable host for parasites or an infected insect host.

MALARIA

Of all the diseases we think of as tropical, the most important is malaria. It is estimated that there are three hundred million cases a year, and that the disease causes three million deaths annually.

The mosquito that carries the malaria parasite is an important foe in any battle waged in a malarial region. The armies of Caesar and Napoleon were harassed by it and the armies of World War II, although better protected than any in history, have not been free from this hazard. In the Solomons it was as dangerous an enemy as the Japanese in disabling our men, while during the Battle for Sicily more American and British soldiers were put out of action by malaria than by the enemy.

To protect the troops against this disease a warfare against mosquitoes is being ceaselessly waged. This fight against the mosquito army which carries not only malaria but yellow fever, filariasis, dengue and other diseases, is a **momentous** one—not only from the standpoint of the health of the armed forces (the health of the army may spell the difference between victory and de-

*Slogan adopted by the Wartime Public Health Conference of the American Public Health Association at their meeting in New York City, October 19, 1943.

PEOPLES OF INDIA — CHINA — AFRICA . . .

OUR NEIGHBORS THE WORLD OVER. HEALTH IS IMPORTANT TO ALL.

But it has taken this war to bring home to us the fact that starvation and disease do not recognize national or racial boundaries . . . that in health as well as in other matters, every man is indeed his brother's keeper.

feat) but also because it will contribute vitally in post-war efforts to control these diseases in the countries where they have been endemic for centuries.

Effective weapons of defense and offense have been developed in the last few years. There are the repellents which, when applied to the skin, protect against mosquito bites for from two to five hours; there are "bombs" of insecticide which in a few seconds kill all the insect invaders of the soldier's tent; and lastly, there are the chemicals used on breeding places for permanent destruction of the pest. The varied breeding habits of the different disease-carrying species have made the hair of the entomologists turn gray. There are species which breed in the swamps and some which breed in the hills. Fresh water and stagnant pools, both can harbor larvae.

It is possible to wipe out this enemy completely, as the classic and glorious fight against Anopheles gambiae in Brazil demonstrates. This particularly dangerous species of malaria mosquito was imported into Brazil, it is believed, either by airplane or by ship from Dakar, West Africa and was discovered in Natal, Brazil in 1930 by R. C. Shannon of the Rockefeller Foundation. In the years that followed, from 1930 to 1939, it spread widely, causing many epidemics and numerous deaths. In 1939, Brazil asked for help from the Foundation to eradicate this pest. Within nineteen months at the cost of two million dollars Anopheles gambiae was driven from South America. The successful battle was waged by two thousand doctors, technicians, inspectors, guards and laborers, under the direction of Dr. Fred L. Soper. This incident demonstrates that it is possible, albeit expensive, to wipe out malaria.

DISEASE KNOWS NO BOUNDARIES

Health is of universal concern and disease knows no boundaries. The swift airplane and in some cases, fast-moving ships can carry the vectors of disease from one part of the world to another, as the experience cited above proves. Consequently, Pan American Airways planes and other planes crossing from one continent to another are treated with a lethal spray to destroy all insects before the plane lands. Anopheles gambiae still flourishes in Africa and still threatens the rest of the world. Provided with suitable environment the infected insect vector of disease can flourish and a new disease can be introduced into a population.

The rapid transportation afforded by the airplanes permits another mode of entry for disease, causing much concern to public health authorities. An infected individual can now reach his destination within the incubation period of the disease and thus on arrival at quarantine will show no symptoms. The slower travel of other days eliminated this hazard to health because by the time he arrived the incubation period was over and the individual was already ill.

Thus, we are primarily interested in tropical diseases because we are anxious to avoid them. Yet the knowledge our scientists and doctors gather regarding their spread and control can, if we will it, bring incalculable blessings to the countries afflicted with them.

DIRECT EFFECTS OF WAR

The United States is also waging a war in Europe. The pictures in our newspapers are graphic portraits of the immediate horrors of war. But there is more to this savage destruction than the loss of buildings. Great numbers of people on the march with insufficient food, living in unsanitary conditions, are inevitably victims of disease. Tainted water supplies cause typhoid fever and intestinal diseases; lack of facilities for personal cleanliness breeds typhus fever. The age-old scourge, typhus fever, which is carried by the body louse, has always followed the armies of the past. Delousing is an important health measure. In Russia, in 1915, delousing was not universally practiced and it is estimated that in the camp of ten thousand captives at Nove-Nikolajevsk, six thousand perished. In China, the disease is very prevalent but the mortality among Chinese adults is not high since as children they apparently develop some immunity. The anti-typhus vaccine which protects for one year is much too expensive for the Chinese Government to make it available to its citizens. Missionaries have found it absolutely necessary to be vaccinated to prevent an early death.

Another serious menace to the health of the world is starvation. Razed countrysides produce no wheat or grain; uprooted trees bear no fruit; starving cows give no milk. Today, the black horse of famine roams over a goodly part of this earth. Famine is the companion of war and in the wake of famine comes disease, not only those diseases due directly to a dietary deficiency such as scurvy, beriberi and some of the anemias, but those which flourish among the undernourished, most particularly, tuberculosis. That we may expect an increase in the incidence of tuberculosis is the warning of the years after 1918.

"INTELLIGENT SELF-INTEREST"

The sinister picture of disease over the world and the possibility of many infections extending beyond their former boundaries, today have awakened an international outlook on health problems. As Dr. Winslow* put it, "We—with the other more fortunate nations of the earth—must do our share in feeding the hungry, in healing the sick, in the upbuilding of the livelihood of less favored peoples because we recognize our moral

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Winslow, C.-E. A., M.D., **International Organization for Health,** pamphlet published by the Commission to Study the Organization of Peace, New York, 1944.

responsibilities as human beings. We must, however, recognize that this is also the only course of intelligent self-interest."

We read that the United States is bringing medical relief to Latin America because a healthy hemisphere is needed for the production of strategic war materials. After Japan took the East Indies, the United States looked to Latin America for its supplies of rubber, tin and cinchona. In order to increase efficiency it was found necessary to kill off mosquitoes, rats, fleas and numerous germs and parasites which decreased the health and consequently the working capacity of the people. The blessings of health were made available as a matter of intelligent self-interest.

Numerous programs of post war relief and rehabilitation are being drawn up. In most, the value of foreign trade to assist the United States in readjusting itself after years of production of war materials is recognized. This foreign trade on which our prosperity largely depends is intimately tied up with the health conditions of the various countries. Sick men cannot work, they earn no money; they can scarcely buy the necessaries of life. Trade vanishes and intelligent self-interest bids us see to their health.

WHICH SHALL IT BE?

Much good is projected after the war; much help to the peoples of all lands in the way of providing food and medical facilities of all types is planned. What is to be the mainspring of this world-wide assistance? Only intelligent self-interest? Then failure is likely to result because there will be too many selves concerned and too much bickering.

The word "Catholic" also means global—and more than global. Through Catholic charity for Christ's sake, not for self, we are called upon to do our share for **global** health in a **Catholic** way.

Holy Innocents

by

Sister M. Elise Wijnen, S.C.M.M., M.D.

India has an infant mortality three times as high as that of America and England. One of the chief causes is the dreaded "jam a ki taklif," the clenched-mouth disease, known to us as tetanus.

It happens regularly, so much so that you begin to look for it when it hasn't occurred for a whole week. The usual procedure is this: a young mother, accompanied by an old granny and a worried father, trails into the dispensary or the hospital office, any time of the day or night. The only complaint is that the week-old baby has refused to drink since yesterday. All you need to do, after those ominous words, is to lift up the rag that covers the baby and the diagnosis is made. You behold a plump, red-faced, grimy newborn, who gives a violent start at being thus exposed, and utters a shrill cry. Then, if you want to make doubly sure, take a teaspoon of water and try to force it down the little throat. The face muscles clench, the child jerks its arms and legs and shrieks piteously. That's all. Cover up again. It's **tetanus.**

The number of these babies is legion. There is hardly a mother who has not lost one or more babies from the dreaded **jam' a ki taklif,** the clenched-mouth disease. They all know it without any further explanation. Statistics are not available, but none are needed to impress upon us the prevalence and deadliness of this disease. The Patna General Hospital, the largest hospital in Bihar, once admitted five hundred of these babies in one year, while a study was being made to find some means of cure. Not one baby survived, despite all sorts of treatment, including serum and sedatives. Now, no hospital admits them anymore. It is needless cruelty and useless expense, as the illness is invariably fatal. Moreover, it exposes the other babies in the hospital, for isolation is no easy matter in India.

By this time the average American reader should be thoroughly mystified. How, why, what in the world happens to those babies? Why should a fat, week-old Indian baby suddenly die of spasm? What is tetanus, anyway? One only hears about tetanus in the United States on account of the injections they give to soldiers, and to children with fourth of July injuries. But why should newborn babies get the disease?

The answer is simple. This is India. No, tetanus is not a tropical disease. It is an infection, the germs of which live in dirt, especially in manure, for a very long time. Any open wound which harbors these bacteria may be the starting point of this illness. Adults may succeed in throwing it off, with the help of serum and good nursing care, but babies seem to have no resistance at all. Moreover, the wound often does not show the infection. It may be almost healed by the time the generalized illness makes its appearance. The first sign is usually a

spasm of the face and throat muscles, making it impossible to drink. That is why the American name is "lock-jaw". Later on the whole body goes into convulsions at the slightest stimulus. Fortunately our soldiers are protected against this disease before they ever leave the States, by means of injections.

But how do babies pick up these germs? Soldiers, wounded in open country, and children, playing in dirt and dust, are obviously exposed to it. But brand-new babies, sound asleep in their little cots, certainly should be safe. Here again, that is true of American babies, but not for Indians. **They** start life on the mud floor, are wrapped in rags and often poulticed with manure. Baby beds are an unknown luxury in the average Indian home, together with baby clothes and baby baths. An old piece of sari tied around the shoulders, an oil rub now and then, are the only attempts made at covering and cleaning a baby. So forget all about your visions of clean and rosy, white-robed, sweet-smelling American babies, and imagine instead a begrimed brown-skinned youngster, its hair dripping with oil, its eyelids streaked with black **surma** (powder), a greyish rag tied around its head and shoulders, sleeping fitfully in someone's arms, the only resting place it has ever known.

Dirt is not the only reason for this tetanus of the new-borns. There are about seven thousand trained nurses and midwives in the whole country of India, for four hundred million people. The forty thousand doctors are of no consequence in this connection, as they are nearly all men and as such debarred from the delivery room. So the great majority of the Indian babies are born with only an untrained **dai** in attendance. These know nothing about sterile technic, and if they ever wash their hands, they do so after the baby is born, never before! At times, when the cases of tetanus are particularly numerous, it is possible to trace them all to one **dai,** whose hands or instruments have become infected. She moves from house to house, from case to case, leaving a trail of dying babies in her wake. Yet such is the inertia of ignorance that but rarely can anything be done about it. We have never yet succeeded in getting such a **dai** to come and have her hands disinfected or her instruments sterilized. The term "infection" means nothing to these people. They call it bad luck, disfavor of the gods, punishment for someone's misdeeds, anything but infection! Naturally, the idea of prevention never even occurs to them.

Yet prevention is extremely simple. Cleanliness could put an end to this disease entirely, making it practically unknown as in the western countries. It does not seem too much to ask that a baby be born in clean surroundings, and that the instruments used be surgically sterile. This can be done even in the poorest Indian home, if the attendant is trained and conscientious. But until such an army of midwives is raised, India will continue with an infant mortality three times as high as that of America and England. Public opinion needs to be educated until it demands this essential service for the country's newborns. But as yet it is quite satisfied to muddle along with the old **dais.** Even those who can well afford hospitals and nurses will often refuse them and keep to the old traditions, despite the well-known dangers.

In the meantime we are left with the pathetic task of telling the mother that "nothing can be done". It is simple enough. A shrug of the shoulders, a droop of the outstretched hands, and a few words about the diagnosis are usually enough to confirm her suspicions, and off she goes, crying silently and hopelessly beneath her sari. But before she leaves, something has been done to the baby and that something makes up for all the rest. It **looks** just the same, but in its grimy fist it now holds its passport to heaven. Special thanks are due to its Guardian Angel, who must have guided the mother's footsteps to our gate. Of your charity, we beg a prayer to the Guardian Angels of these dying babies—that they may succeed in bringing their charges to the **life-giving water of baptism** —when not a drop of it can pass their poor little locked throats.

To safeguard the lives of mothers and infants, by bringing them the benefits of modern medical care, is one of the greatest charities in mission lands.

Hildegard . . .

Abbess and Physician

by

Marie Terese Kerwin

The modern practitioner differs greatly from his old-world ancestor. Through the centuries man has suffered from the numerous ills to which humanity is the heir. As long as man has lived, there have been those who have tried to alleviate pain and make his sojourn on earth physically comfortable. True, in the process of arriving at the high scientific level we now enjoy, there was much experimentation at the cost of suffering, but without the untiring efforts of true scientists in the past, our present medical knowledge would not have attained the high level which it now enjoys.

At the gateway to modern medicine is a woman who through her scientific study heralds a new age in the medical field. She is Hildegard, abbess and physician.

It is not at all surprising to find a woman practicing medicine in a convent in the Middle Ages. After the fall of Rome, wherein all intellectual pursuits almost perished, the things that survived lasted through the efforts of monks and nuns in monasteries and convents. Herbal or Galenical medicine, which held sway in the medical field until the present generation, owes its preservation to the fact that it was practiced in the monasteries, for it was in the gardens close to the monasteries and convents that the monks and nuns grew the plants that helped to cure the sick.

These convents were large and important institutions, whose abbesses exerted a great influence on their times. Frequently the nuns possessed extensive medical knowledge, gathered from their own experience and from the writings of their predecessors, which they practiced not only on members of their own communities but also on the tenant farmers in the neighborhood and others who sought their aid. The picture of nuns ministering to the sick in those days was as familiar as it is today to us, who are acquainted wi'h the work of the sisters in hospitals and in homes for the sick and infirm.

Hildegard was only eight years old when she left her father's castle at Bockelheim on the River Nahe, to enter the Benedictine convent at Disibodenbert where her aunt, Yetta, was the abbess. Here she chose to remain and here also some twenty-two years later she was elected to the office of abbess. Gifted with a splendid intellect, she used her power with great energy and perseverence and her writings demonstrate her unusual ablility. She wrote extensively, revealing through her books what a wealth of information had been accumulated in the convents and how it had been put to use. In her writings, she showed that she was not a blind follower of the folklore of her day but that she could and did think for herself. Moreover, her untiring correspondence with popes, kings, noblemen, monks and nuns shows that she had great influence in the world of her day. Besides all these activities, Hildegard worked with the sick, noting and compiling the medical information available. Many of her other writings show the way she worked as a Benedictine abbess. In one of her later books, "Liber Divinorum Operus", Hildegard synthesized the entire cosmic theory of her time in a very systematic manner and tried to demonstrate in this work the relationhsip between the nature of God, the constitution of the universe and the structure of man.

As the abbess of a Benedictine convent, Hildegard was in close contact with the sick and infirm. Each house had its own infirmary for the sick members of the community. Attached to the convents were Guest Houses for travelers, where strangers partook of the Christian hospitality of the nuns. No one was turned away and if the people who came were ill, the sisters did everything in their power to cure them. Through the years, from Scholastica in the sixth century to Hildegard in the twelfth, the sisters had extensive experience with illness and its various remedies. Drawing on the successful practices of those who preceded her, Hildegard gathered this knowledge and compiled it. While it is certain that she never went to Salerno to study and did not attend the schools then forming at Paris, she probably had in her possession copies of the texts used at Salerno and other universities.

It is believed that altogether Hildegard wrote fourteen books, some of them in several volumes. Most of these were on mystical subjects, but two of them, "Liber Simplicis Medicinae" and "Liber

Compositae Medicinae" are strictly medical books. To instruct nuns and monks in medical subjects was Hildegard's purpose in writing them. The "Liber Simplicis Medicinae" was highly valued in the early Renaissance period when it was also printed. It consisted of nine books, treating of plants, elements, trees, stones, fishes, birds, quadrupeds, reptiles and metals. This work is printed in Migne's "Patrologia", under the title, "Subtilitatem Diversarum Naturarum Libri Novem". The "Liber Compositae Medicinae", which comprises five books, treats of the general diseases of created things, of the human body and its ailments, of causes, symptoms and treatment of disease.

That Hildegard is entirely responsible for the complete works in these books, we are not absolutely sure. It was common in those times for students to make notes on manuscripts that they studied. Other copyists would include the notes as part of the original in their work, and thus the works of the later students would creep in. The fact that there are so few copies of Hildegard's works, in many cases only one copy, makes it impossible to discover exactly what has been added by her students. Despite this, however, Hildegard's writings have been called "the greatest scientific works of the Middle Ages".

In her various writings, Hildegard introduced many theories which have been proven in later days. She knew of the transmissibility of nerve action from the brain. She regarded the brain as ruler of the senses and functions of the body. Fatigue she said was due to over tension of the nerves caused by decomposition of humors. The humor theory was quite universally held during the twelfth century, but Hildegard did much of her work with little reference to the humors. She had some idea of the circulation of the blood at a time when blood circulation was unheard of. She is quoted in her works as saying, "Just as the blood moves in the veins which causes them to vibrate and pulsate—so the stars move in the firmament and send out sparks as it were of light like the vibrations of the veins." She held that blood carried poison as well as food to the tissues. This shows how Hildegard's ideas were progressing five centuries before Harvey discovered the circulation of the blood. She also had definite views on the transmission of disease. From the Bible she saw the value of isolation in communicable disease. She must have had an idea of the germ theory of disease, for she remarks that where the blood is thick, fever worms may grow and cause the death of the patient. In twelfth century Europe, fevers were never differentiated, but quotidian, tertian and quartan were unmistakable to Hildegard. She was among the first to see that the sun rather than the earth was the center of the universe, and that the sun is the great healer of man's ills as well as the controller of the stars. She explained that diseases of the skin were due to condition of the blood, and that fever was due to lack of power in the three vesicles of the brain to cool blood sent by the brain, or to the failure of the body to absorb excess of moisture or quiet the agitation of the blood. These theories of fever compare interestingly with the experiments of Professor Henry G. Barbour at Yale University, that the liver does abstract water from the blood in fever.

Having absorbed the available medical knowledge, Hildegard did independent work along scientific lines. So successful was she in the practice of medicine that very many sought her aid. Her writings show that she had a comprehensive knowledge of disease and many remedies for its treatment. She knew and described diseases of the entire body, cough, gout, brain fever, heart trouble, headache, jaundice, kidney disorder, dysentery and bladder trouble. She considered diabetes a form of the of the latter in which the system lost great quantities of water and advised patients suffering from this ailment to eat a special diet lacking in nuts, sweets, spices and liquids. Hildegard also had a practical knowledge of most of the 485 medicinal plants which she considered useful to the human body. She believed that each remedy was created by God for man's benefit and insisted herbs or drugs be taken in small doses with a large amount of water. Inunction and massage were also popular with her. To her patients she prescribed sleep, diet and exercise in good proportions.

Medicines in those days were very expensive. Only the rich could afford the luxury of illness, but the poor were victims of bodily ills as well as the rich. However, Hildegard found remedies that were not expensive and would order them for her poor patients. She always insisted that water must be boiled if it came from swamps and stressed drinking it in great quantity. Barley water she considered good for the kidneys. In certain months spices were to be added to drinking water, while fruit juices were to be taken during other months.

Hildegard thought that headaches were more common in men than in women, because men worried more and overate more than women. If a patient had trouble with his eyes, ears or bowels, and then had a headache, she would give a purgative, put him in bed in a dark, quiet room, give him magnetic iron water to drink, place cool compresses on his head, give him an inhalant—all of which sounds modern. For certain fevers, she ordered a decoction of the bark of the medler tree; for stomach ache, tea of laurel berries. For cough she had a special syrup; mallows were used for eye wash; heliotrope for varicose veins; gladiolus for diseases of the bladder. She considered figs as having special medical value. Nearly all of our native flowers and vegetables can be found in her pharmacopoeia.

At a time when prophylactic measures were almost unheard of, Hildegard had a great respect for cleanliness. She insisted upon it particularly in handling wounds and in the care of women in labor.

She herself was most careful

and demanded that her students also be thorough in diagnosis, watch carefully for symptoms and keep a record of them. She diligently observed pulse and urine. While encouraging her patients to rely on God, she exhorted them at the same time to do all that was physically possible to cure and prevent disease.

Hildegard spent all but eight years of a very full life in Benedictine convents. As a nun she prayed, wrote, worked and helped her fellowman. Even at the age of eighty, she traveled on horseback in the company of others of her community to visit different religious houses. Her knowledge she shared, and undoubtedly profited by her many contacts with others. Above all else Hildegard was a devout religious. She knew that she had the knowledge and ability to help the sick, and used it to help her patients, considering herself in all things the servant of God, the Eternal Healer.

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The Mission Clipper

STUDENTS IN WAR-TIME CHINA

College students in China today are much closer to real life than pre-war students ever were. They have seen much more of their own country—especially those students who are refugees—and they are in much closer contact with the common people. Although they remain a privileged class, Chinese students in war time are experiencing hardships and privations just like the people in other walks of life. In their efforts to endure these hardships, many of them keep in mind and often quote the famous saying of Mencius:

"Therefore, when Heaven intends to call a man to a great mission, it always first hardens his ambitions, belabors his muscles and bones, starves his body, denies him the necessities of life and frustrates what he sets out to do, so that his ambition may be kindled and his character be strengthened and he may learn to do what he could not do before."

—Frank Tao, **Asia,** November, 1944.

TROPICAL DISEASES

Tropical diseases, before the war, were the exotic specialty of medical missionaries and of medical officers in the Army, Navy and U.S. Public Health Service. Today with thousands of U.S. troops exposed to tropical diseases, they have become an immediate concern of the whole medical profession, not only for doctors in uniform but for doctors at home, who must now be on the alert for them in domestic practice.

The term "tropical diesases" embraces broadly those diseases that occur commonly in warm countries. Their distribution is, however, not limited by warmth of climate. More direct factors are the low standards of nutrition and sanitation prevailing in the tropics. Most of the diseases can and do exist in the temperate zones. They are, in fact rare only where people are protected by modern medical technology.—**Life.**

PRECEPTS FOR CHINESE WOMEN

Pau Chao, a Chinese educator and woman of letters, wrote the following precepts for women—to be unassuming, to yield; to be respectful, to revere; to think first of other people, afterwards of herself; if she performs a kind action, to make no mention thereof; if she commit a fault, to make no denial; to endure reproach, treasure reproof; to behave with veneration and right fear; such demeanor is described as exemplifying humility and adaptability. To lie down to sleep when it is late, to be at work early; from dawn till dark not to shirk putting forth strength; to bend the mind to domestic affairs, not to evade such

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In December, when the nights are long, rose unto us the Day of whom there is no setting. In winter, when all the world is gloomy, forth came the Fair One that cheered the world. In winter, that maketh the earth barren, God's Fruit sprang up unto us; in the cold that bareth all the trees, a Shoot was green for us of the house of Jesse. In December, when the seed is hidden in the earth, there sprouted forth from the womb the Ear of Life.

—ST. EPHREM.

be they troublesome or easy; to accomplish that which must be done, to be orderly.

—**Fu Jen**, September, 1944.

NEW MISSIONARY COMMUNITY

A new community of missionary sisters who will wear secular dress and use a motor-caravan as they travel, instructing children, rounding up lapsed Catholics and giving material aid, is being formed in Tasmania, an island south of Melbourne, according to a report in the English **Catholic Newsletter.**

The community will be known as Our Lady's Home Missionary Sisters. Besides qualifying as teachers, the members will be trained nurses, giving special attention to the care of mothers and children and to social welfare. Their rule will be very similar to that of the Sisters of Service, formed several years ago in Canada.

—The Society for the Propagation of the Faith, **The Tablet.**

November 4, 1944.

MODERN ISLAM AND WOMEN

Addressing the Aligarh University Muslim League recently, Mr. Jinnah, Muslim leader, appealed to youth to raise the status of women. "It is a crime against humanity," he said, "that our women are shut up within the four walls of the house as prisoners . . . There is no sanction anywhere for the deplorable conditions in which our women have to live. You cannot expect a woman who is herself ignorant to bring up your children properly."

—**The Bombay Examiner.**

In Our Library

TAR HEEL APOSTLE, by John C. Murrett, M.M. Longmans, Green and Co., New York, 1944. 260 pp., $2.50

"The greatest liar in the State of North Carolina is the editor of **Truth."** That is what they said of Father Thomas Price, 'way back in 1897 when he launched the periodical which was to make known to the nation the great spiritual and material distress of the Tar Heels. "Papist Price" rejoiced in the calumny for two reasons — for the humiliation and for the free advertising it gave his little paper.

Tar Heel Apostle is a brief biography of the co-founder of Maryknoll. With enthusiasm, the author unfolds the simple, heart-stirring story of the man who, after twenty-five years of tireless work in the home missions, gave himself completely to the foreign missions.

How could he leave the North Carolina apostolate. when after all these years of missions, retreats, of sowing the seed among the Tar Heels, there still remained so much to be done. So many, even among his friends, could not understand him. It is the same question asked today. Why foreign missions when seventy per cent of the Americans have no religious affiliation at all! Father Price knew the answer — that his sacrifice, and it was a great one for him, would bring down greater blessings on his own South. It has been the experience of nations through the centuries that in proportion as they have given of their men and women and means to the foreign missions, their own have flourished.

In 1911, as today, America was the logical country to send out missioners. Europe was brewing with war. It was the duty of the Church in America to share in the building up of the Mystical Body of Christ, else she herself would remain stunted and incomplete. The Body of Christ must grow as a whole, just as a human body does. Father Price saw all this, saw too that so far America had not responded. Now there must be a foreign mission seminary of America. Why in the Orient, American missions still spelled Protestant missions to the natives! America must fight for Christ!

The keen spirit of faith which dominated Father Price's life, as well as his deep devotion to Our Lady of Lourdes and to Bernadette, are readily conveyed to the reader. The author has made very effective use of excerpts from "The Diary" — a series of almost daily letters which Father Price wrote to Our Lady over a period of eleven years, as well as his correspondence. There is a tendency at times to repetition, but it is not unpleasing.

A few notes made by students of retreat conferences given by Father Price are appended. They sum up his own simple spirituality. When you have read **Tar Heel Apostle,** you have not only some greater insight into the missionary life, but an acquaintance with the man whose desire, "Every Tar Heel a Catholic!" has been transferred to the whole world through the missionary zeal of his sons at Maryknoll.

R. I. P.

Please pray for the souls of:

Pvt. Alphonse Lischwe, Brinktown, Mo. (Brother of Sister M. Boniface, S.C.M.M.)

Miss Mary T. Loughlin, Boston, Mass.

Mrs. Anna McGowan, New Haven, Conn.

Mrs. Maria Josepha Dobler, Appenzell, Switzerland. (Mother of Sister M. Hildegard, S.C.M.M.)

Mrs. John Hatch, Buffalo, N. Y.

Mrs. Rose Watts, Chicago, Ill.

Miss Christine Mathews, San Francisco, Calif.

Mrs. Frances Mustert, Spokane, Washington.

May their souls and the souls of all the faithful departed through the mercy of God rest in peace. Amen.

News From Home and Abroad

A VERY HAPPY CHRISTMAS TO YOU ALL—this is our first thought and wish for each one of you. This year, as on every other year, Midnight Mass will be offered in all the houses of our Society for the intentions of all our friends and benefactors. During that time, we assure you, we shall be united in praying that the blessing of the Christ Child may be yours this Christmastide and during the coming year.

* * * *

This month the spotlight is still on our newest mission, the Catholic Colored Clinic in Atlanta. Mother Anna Dengel accompanied the three pioneers to the new mission and on her return brought us first hand news of the opening days.

The beginning was truly an auspicious one. On October 28th, the feast of Saints Simon and Jude, His Excellency, the Most Reverend Gerald P. O'Hara offered the Holy Sacrifice of the Mass and reserved the Blessed Sacrament in the little chapel of the Clinic. After the Mass His Excellency gave an address, explaining the purpose of the Society, our work in India, and how through providential circumstances, Rome had extended permission to our community to work in any part of the world, thus making it possible to undertake missions in this country. His Excellency's welcome was a most hearty one, wishing us God's abundant blessings in this new field of labor, which he characterized as limitless.

The group assembled at this opening of our work in Atlanta was very Catholic indeed. Besides a lay woman, Miss Sarah Fahy, who is the foundress and organizer of the Catholic Clinic, there were present the Rt. Rev. Monsignor Joseph E. Moylan, rector of Christ the King Church, Atlanta, two Marist Fathers, a Passionist, and two priests of the Society of African Missions. Among the latter was the Rev. F. J. Weiss, of Our Lady of Lourdes Church, who had been a missionary on the Gold Coast of Africa, where our Society hopes to begin mission work in the near future.

Present also were all the Sisters of the Blessed Sacrament from the nearby Our Lady of Lourdes School, who had assisted Miss Fahy in getting the house ready for us, two Sisters of Mercy and of St. Joseph, and two Grey Nuns of the Sacred Heart. They gave us a true sisterly welcome, one which we shall always remember.

Arrangements for the breakfast which followed had been taken care of by a group of Catholic ladies from Atlanta. The generous and warm-hearted welcome given to us by all made the beginning in our newest mission a memorable one, for which we shall be always very grateful.

FROM INDIA

RAWALPINDI

We had to turn to our old mail to learn how the sisters in India spent Christmas least year. Both Sister M. Dolores and Sister M. Damien had written about the festivities, so here are some bits from their letters . . . .

"Christmas was lovely here, as usual. We had two Masses at midnight and one the next morning at nine-thirty. Sister Alma and Sister Bernadette are our best singers and the mainstay of the choir. However, Sister Alma was called to the delivery room just before midnight and was finished with her work only at the end of the High Mass. Poor Sister Bernadette had to do practically all the singing by herself. Whenever she stopped the rest of us stopped too, so she had scarcely time to take a breath. Fortunately, Sister Alma was back in time to help us with the carols.

"The preparations for Christmas were almost as nice as the feast itself. Long before, the Christmas spirit was everywhere and all of us were busy making presents for the nurses and the patients. This year we gave the nurses hand made handkerchiefs, decorated with colored borders. Sister Vincent and the nurses made little dresses and knitted caps and boots for the babies, while Sister Nicola fixed up baskets for the servants and their families. The baskets contained warm clothing, fruits, nuts, sweets, etc. Most of the clothing we had made from old clothes sent to us by some of our European friends living here in the city.

"The people were so good to us again this year and gave us lovely presents — fruit cake, oranges, bananas, and even a ham. Many of our most appreciative friends are Mussalmans."

TRAINING SCHOOL FOR NURSES

And now for some of the more recent news. In a letter dated August 25th Sister M. Dolores, who is in charge of the training school for nurses in Rawalpindi, tells us: "We have a new class of ten coming in for nursing this year. That may seem to you like a small number, but in these times it means a lot, since so many are going in for military nursing and the hospitals are very short-handed.

"Of our new group, four are Indian Sisters from the South of India sent up by Archbishop Mar Ivanios. This Archbishop was a Patriarch of the Jacobite religion, who in 1936, with forty-five thousand of his subjects, joined the Roman Catholic Church. Three more are Indian sisters from the community of Christ the King in Karachi. Altogether, four different communities of Indian sisters are

represented in our training school.

"We have the following classes scheduled for the coming year: practical nursing for the midwifery students who are not nurses, practical nursing for those who take the nurses' course. Besides nursing, the first year class will take hygiene, materia medica, first aid and bandaging, the feeding of infants and children, and invalid cookery. The seniors will finish medical nursing and then go to surgical nursing and operating room technique. The second year class reviews in September and after the examinations in October will start medical nursing and later, surgical nursing. As a new midwifery class is coming next month we shall have two separate classes in midwifery.

Greetings from India! We could not get a picture with all our sisters in India on it, so these Patna-ites are bringing the good wishes of the others in Rawalpindi, in Dacca and in our newest house—Mary Giri.

PATNA

The Indian patients in our hospitals are deeply grateful for everything we do for them. Sometimes their expressions of gratitude are very touching and often unique. Sister M. Elise writes:

"The people can be pathetically grateful when a patient gets better in the hospital, especially if it is a child. One woman still kisses our feet every time she comes, because her little girl recovered from typhoid two years ago. The patients and their relatives sometimes bring us the strangest presents—betelnut to chew, incense to burn, a couple of turnips or a little pot of homemade curry. We try to encourage them to bring flowers and candles for the chapel, and the Grotto of Our Lady outside is rarely without its two-cent candles, marigold garlands and joss sticks. One woman brought a basket of vegetables to Mass one Sunday. She placed them in the very middle of the sanctuary and with much puja offered them to the God of the Christians. After Mass we were allowed to keep the vegetables!"

THE NAME'S THE THING

"Another way the people have of expressing their appreciation is to name their babies after us. That is common enough of course, back home, but here it goes a little differently. One tiny girl runs about Patna with the fine name of 'Hospital-ji' because she was born in the hospital. Several little boys are called 'Padri Babu' after the local name of the hospital, Padri ki Haveli (the Garden of the Fathers.) I know another little girl whose name is 'Mem-sahib,' after one of the sisters, but the best one of all is 'Sui Wala Babu,' which means 'the injection baby,' so called because its mother had to have several injections while under our care!"

DACCA

"Variety is the spice of life everywhere," writes Sister Margaret Mary, as she describes some of the happenings while on night duty in the Mitford Municipal Hospital in Dacca . . . "Besides having patients ranging in age from a few hours to over seventy, plus all kinds of diseases and conditions," she tells us, "there are in the hospital the usual Mohammedans, Hindus and Christians, with a Buddhist monk, an Armenian Catholic (non-uniate) and several Nepali's, who are, no doubt, Hindus. It seems rather strange, after Rawalpindi, to see no Sikhs about.

"Just now all is quiet except for the mosquitoes who will not let me do some urgent report work. Most of the nurses have a hundred or more of these little buzzers on the desks before them, dead, of course. Killing mosquitoes is a favorite and most necessary pass-time. Lizards, also, of the small variety, have a picnic whenever I have time to be in the office. Football players might well take a few hints from the latter as they are experts in the art of dodging."

OF MEN AND ANGELS . . .

"A few nights ago we had a very nice little boy, not more than four years old, in the European ward. He had had a tonsilectomy and his grandmother was staying with him. The topic of angels came up and the grandmother, turning to him, asked, 'Wouldn't

you like to be an angel?' 'No, grand mummy,' was the quick reply, 'I want to be a gentleman and wear my own clothes!'

"You cannot imagine how quickly the night passes. It is now after two a.m. and it seems only such a short time ago since the patients were settled for the night. Soon coolies will pass by, singing at the tops of their voices, and then another day will have begun . . ."

MARY GIRI

A letter from Sister M. Pauline, written on September 16th, tells of the reception ceremony for our Indian sisters which was held in Mary Giri on September 8th . . .

"It is just seven weeks to the day after our arrival. The novitiate has begun. Father Placid, T.O.C.D., preached the eight day preparatory retreat. All made it, so we were entirely on our own, except for the help of Father Pinakatt.

"On September 7th Sister Vincent and I had to go to a church, four miles distant, to attend the investiture ceremony of the St. Clare Sisters of the Third Order of St. Francis. Sixty-nine received the habit and forty-two made vows. It was most impressive. His Excellency, Bishop Kalacherry presided. Those receiving the habit knelt in the sanctuary and when they were finished the profession group took their place. Priests sang the various hymns and psalms.

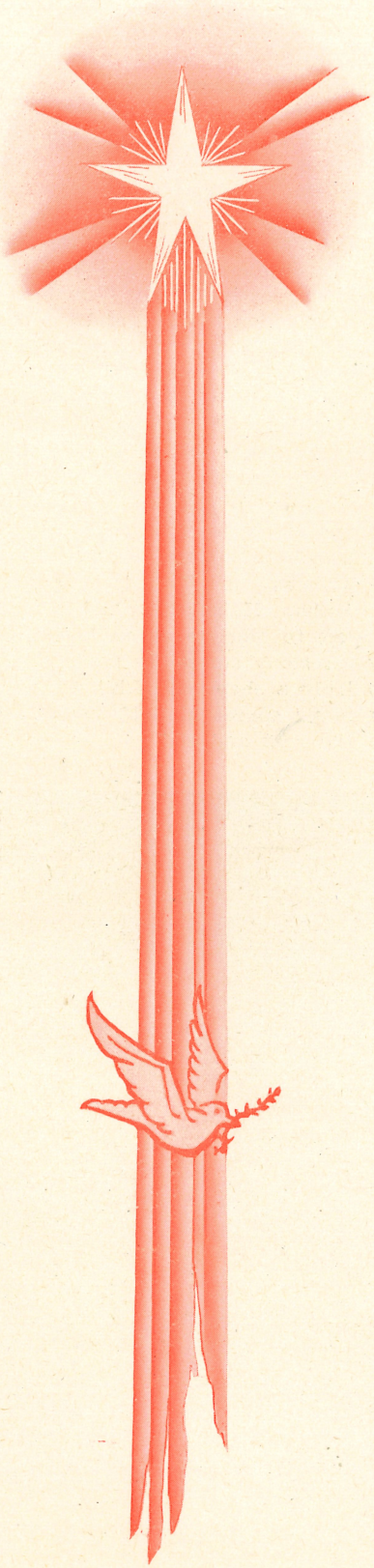
"When we arrived home, about two o'clock in the afternoon, our postulants had the house all cleaned up so there was just the chapel to decorate and a few other odd jobs. The altar cloth we had bought ourselves, with money given us by a benefactor. Some sisters had sent a tabernacle curtain; we borrowed vases and a Brahmin gave us lovely roses from his garden.

"Sixteen sisters and ten priests, besides about three hundred lay people witnessed the ceremony (as much as they could see of it!) The doors and windows of the chapel were blocked tight with people. It happened to be a holy day of obligation, otherwise many more priests would have come. We tried to keep it a quiet affair, but we might just as well have tried to keep an earthquake a secret.

"During the ceremony two priests sang hymns and psalms in Latin and His Excellency celebrated a low Mass in the Syriac rite. Many received Holy Communion. Benediction followed and the Syrian Te Deum was sung. As it is customary to ring all bells during the singing of it, those in the neighborhood who were not already there, promptly came when they heard the bells.

"Various pictures were taken and about eleven o'clock the Archbishop of Madras and Bishop Thomas of Bangalore arrived. Bishop Kalacherry had already left to officiate at an investiture ceremony across the river. He is truly a shepherd of his flock and never spares himself, in spite of the heat and all."

That the Christ Child may give you peace—happiness—joy this Christmastide is the wish of Mother Anna Dengel and all the Medical Mission Sisters.



Christmas Blessings

May He, whose sign appeared to the Magi as a radiant star, illumine you forever by His grace. Amen.

May He be the reflection of your innermost hearts, who when laid in a manger wished to offer Himself as food for believers. Amen.

May our King Jesus Christ, who by His birth inspired an earthly king with fear, reign in you with His virtues. Amen.

May He, who fed thousands with a small portion of bread, nourish your hearts with the richness of His reaching. Amen.

May He bestow upon you true innocence, who by a dove willed to manifest the gentle simplicity of the Holy Spirit. Amen.

(From the Mozarabic Sacramentary)